

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

Harvey Lee Preston

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

v. Wardlaw John D. Davies ET. AL
 Now S.M. Dunigan Lwischief
 Now John Bonin Psychologist
 Now Brockaw David Maranka
 Rum D. Reed Psychologist Vontof
 Now Hengstbach Psychologist Middle-
 Cio Haneburger STAD. J. Tunell
 Cio Ritzley ICF Dental Fildirecte
 Cio Allen Health Service
 DR. Leoniz mukawulinda

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case: 2:24-cv-10997

Assigned To : Berg, Terrence G.

Referral Judge: Morris, Patricia T.

Assign. Date : 4/16/2024

Description: PR PRESTON V. DAVID ET AL (MC)

Jury Trial: ☐ Yes ☐ No
(check one)

Complaint for Violation of Civil Rights (Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in *forma pauperis*.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Harvey Lee Preston
All other names by which you have been known:

ID Number 235170
Current Institution Ionica Correctional Facility
Address 1576 W. Bluewater Hwy
Ionica, Michigan 48846

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name John Daviss
Job or Title Warden
(if known)
Shield Number _____
Employer Ionica Correctional Facility
Address 1576 W. Bluewater Hwy
Ionica, Michigan 48846
☒ Individual capacity ☒ Official capacity

Defendant No. 2

Name
Job or Title
(if known)

LEONIE ANKURINDA
Doctor Health Service

Shield Number

Employer

Ionia Correctional Facility

Address

1576 W. Bluewater Hwy
Ionia, Michigan 48846

☒ Individual capacity

☐ Official capacity

Defendant No. 3

Name
Job or Title
(if known)

DAVID MARANKA
Unit Chief Psychologist

Shield Number

Employer

Ionia Correctional Facility

Address

1576 W. Bluewater Hwy
Ionia, Michigan 48846

☒ Individual capacity

☒ Official capacity

Defendant No. 4

Name
Job or Title
(if known)

Jim Dunigan
Assistant Deputy Warden

Shield Number

Employer

Ionia Correctional Facility

Address

1576 W. Bluewater Hwy
Ionia, Michigan 48846

☒ Individual capacity

☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Amendment V
Amendment VIII
Amendment XIV

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

PO03.03.130 Inhumane treatment and living conditions, PO05.01.440 Security classification committee I have a mmo / smt and only suppose to be housed in Segregation for only 10 days. Approximately since march 15, 2024 until current date 4-9-2024 I've been in administrative Segregation because of sec Warden John Davids, Aow J.M Dorigan, Aow John Bonn, Aow Bradway, RUMD. Reed, Aow Hengesbach, CIO shaneburger CIO Rinkley, CIO ALLEN, Unit chief David Maranka, psychologist Ventof, psychologist middlestead. The Aoz Retaliating against me for the Complaint for Violation of Civil Rights. I've been Food Poisoned all of my food / Food trays have my name, ID number and cell / housing number. The food poisoning is intended to cause me great bodily harm. I'm being denied health service by Dr. Leonie Mukerjee in the food is causing me discomfort, my chest, ringing / hearing loss, vision problems, migraine headaches since march 15, 2024. I'm also being denied dental by Iowa Correctional Facility since Segregation in small quarters is causing serious mental and physical harm and often amounts of torture.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

B. If the events giving rise to your claim arose in an institution, describe where and when they arose. March 15, 2024 Approximately Arrival Date To
Lonia Correctional Facility Segregation housing Unit one.

C. What date and approximate time did the events giving rise to your claim(s) occur?
March 15, 2024 - April 9, 2024 between the hours
of 6 a.m. - 10 p.m.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

PD05.01.140 Security classification PD04.06.100 mental health, PD03.03.130 inhumane treatment and living conditions, PD04.07.100 offender meals PD04.07.103 safety standards J. Tunell, PD04.02.100 health service/dental see I have a mind issue and only supposed to be housed in Segregation for only 10 days. Ibia Correctional Facility staff are retaliating against me for filing the complaint of Civil Rights, using torture tactics, disruption of health service and dental. See et al Warden John Davids, Adw Jini Dunigan, Adw John Boon, Adw Brokaw, Ron D. Reed, Adw Shengesbach, CIO Shanaburger, CIO Rinky, CIO Allen, unit chief psychologist David Maranka, psychologist Vontof, psychologist middlestead. Also I'm being denied health service by Dr. Leonie Mukarurinda and Dental by ICF. I've complained to ICF Food Service Director J. Tunell about getting food poisoning the milk, juice is regaled / tampered with, the bread has a white chemical unit, the ICF bakes cakes and cookies are hard and has chemicals in it, the vegetables are discolored the meat is not fresh, all my food / food trays has my name housing unit and cell. I am being stalked and targeted. I am being denied access to courts, legal supplies, law library, religious / to practice my religion, telephone, recreation, opportunity for institutional job

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

miserable / suffering, mental pain and physical pain from the threats, torture tactics, Discrimination based on the race, religion, ethnic background, I have migraine headaches, tightness in my chest, vision problems, hearing loss, ringing in my ears from the constant food poisoning.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

To stop the defamatory actions against me, the discrimination, the cruel and unusual punishment
I am requesting 4 million dollars from the defendants et. al.
I'm also requesting to be placed in protective custody,

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☐ Yes

☒ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

Discrimination, Staff Corruption, Cruel and Unusual Punishment, Inhumane treatment and living conditions, Protective Custody, Health Services, Access to Law Library, Courts, Legal Supplies, Religion Practice, Offender Meetings, Safety standards for meals, Torture tactics.

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

E. If you did file a grievance:

1. Where did you file the grievance? *Tonia Correctional Facility
1376 W Bluewater Hwy Tonia, Michigan 48846*

2. What did you claim in your grievance? *5) staff corruption, cruel and unusual punishment, inhumane treatment and living conditions protective custody, health service, access to law library, canteen, legal supplies, Religion Practice, offender meals, safety standards for meals, treatment tactics.*

3. What was the result, if any? *non grievances thrown away by staff, not responded to by Grievance Coordinator, Refusal to pass out grievances, and Denial to process.*

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

wrote to Lansing, wrote back to grievance coordinator

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

staff corruptions refusal to process and
grievances thrown away by staff.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

Correctional officers, Norm D. Reed, Alus Hagesbach
grievance coordinator

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

contact Lansing / Grievance Coordinator

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: April 9, 2024.

Signature of Plaintiff

Harvey Lee Preston

Printed Name of Plaintiff

Harvey Lee Preston

Prison Identification #

235170

Prison Address

Ionian Correctional Facility 1576 W. Bluewater Hwy

Ionian

City

State

48046

Zip Code

Additional Information: A Threat/acting on Threats my Life is in danger at Ionia Correctional Facility an expression of intention to hurt, destroy, punish, etc, esp. when intended to coerce, an indication of, or source of, imminent danger, harm, etc.

The Threats are serious and does qualify the imminent danger.

Imminent danger doesn't mean that I have to be on my death bed or critically stabbed.

U.S. MARSHALS

Henry Boston, 23570
Lorin Correctional Facility
1576 W. Blewett Hwy
Loring, Michigan 48842

United States District Court
231 W. Lafayette Blvd.
Detroit, Michigan 48226

USPS
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